

ARIZONA STATE BOARD OF MASSAGE THERAPY

INSTRUCTIONS

Please Read Carefully

An application form for a massage therapist license is enclosed. Please read these instructions very carefully and then complete the application. If your application is incomplete this will cause delays in your application process. If you have questions about completing the application, please seek assistance.

An application file is considered "open" when the Board has received the appropriately completed application and the non-refundable application fee with all of the attachments required.

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING

1. A signed and notarized massage license application with all required supporting documentation attached.
2. **A Money Order or Cashier Check ONLY** (NO PERSONAL CHECKS ACCEPTED) will be accepted in the amount of **\$279.00** (Application and License fee is \$250 and the fingerprint background check is \$29). **Make MO payable to the "AZ Board of Massage Therapy. All Fees' ARE NON-REFUNDABLE.**
3. A Completed fingerprint card – everyone must submit a completed fingerprint card.
NOTE: The fingerprinting service or technician may charge you a separate fee to take your fingerprints. This fee is not included in the fee submitted to the board, a separate fee is charged by the agency or vendor who actually provides the service.
4. Copy of your high school diploma, OR high school transcripts, OR GED and/or Ability to Benefit Examination recognized by the United States Department of Education. If you are a provisional applicant you need not comply with this requirement.
5. Passport size and type color **PHOTOGRAPH**, please print your name and date on the bottom of the photo so we know who you are.
 - a. Original Color photo only
 - b. No Larger than 2" x 2" Close up, front view of FACE - no profile
 - c. Taken within 60 days of application date
6. All attachments to "YES" questions must be provided. (i.e. court documents)
7. Copy of green card – if applicable
8. All of the questions on the application must be answered and supporting documentation attached.

Now determine HOW YOU ARE APPLYING: You must meet the requirements under one of the ways listed below.

REGULAR License Requirements: Each Regular License Applicant must **complete all of the above and ONE of the following:**

1. Have successfully completed a course of study of massage therapy or bodywork therapy consisting of a minimum of five hundred classroom hours of supervised instruction at a board recognized school **in this state that is approved by an agency recognized by the secretary of the United States Department of Education. Official transcripts must be sent to the Board directly from the school.**

OR

2. Have **done both** of the following:

(a) successfully completed a course of study of massage therapy or bodywork therapy consisting of a minimum of five hundred classroom hours of supervised instruction at a school in this state that is licensed by the state board of private

postsecondary education but **not recognized** by the United State Department of Education, or at a school outside of this state that is recognized by the board pursuant to section 32-4228.

(b) Successfully passed an examination administered by a national board accredited by the certifying agency that has been approved by the national organization on competency assurance and that is in good standing with that agency or have successfully passed an examination that is administered or approved by the board.

National Certification Board for Therapeutic Massage NCBTMB

*The Board requires that you take **NESL**. Any exam is acceptable

Score results needs to be sent directly to the board from the NCBTMB

RECIPROCITY License Requirements (coming from another license State): Each Applicant for Reciprocity must complete the application and provide **EITHER** A. 1 or 2 and, B & C. Not all states have statewide licensure and not all states meet Arizona's equivalency. (City licensure is not equivalent to state licensure)

- A.
1. Provide a copy of the Statutes & Rules from the state(s) in which you are currently licensed. Must have been licensed continuously in one or more states for the five years immediately preceding the filing of this application and the other state must have standards for massage therapists that are substantially equivalent to those in this state.
 2. Hold a current certification or take the National Exam for State Licensing from the National Certification Board for Therapeutic Massage and Bodywork, or another agency that meets the standards of the National Commission on Competency Assurance and received education and training substantially equivalent to that required by this state.
- B. Submit verification acceptable to the Board (obtain verification from the state(s) where you hold a license). This form **must be completed** by the agency that issued your license(s) and be mailed directly to the Arizona Massage Therapy Board.
- C. Academic transcripts from the Board approved school from which the applicant graduated.

ADDITIONAL INFORMATION

An application must be “administratively complete” before the Board will review and rule on the application. In order to be considered “administratively complete” the board must have received a completed application form, a fingerprint report from the Department of Public Safety, and all required supporting documentation. The Board will then consider the application at its next scheduled meeting.

- Each applicant has the responsibility to contact information sources (i.e., schools, municipalities, licensing boards, court records) to verify that the materials required for an application to be considered administratively complete have been sent to the Board, (example; NCBTMB, state verification(s), conviction records and official transcripts.)
- Board staff cannot send application documents to information sources. It is the applicant's responsibility to make sure that all information sources are aware of any deadlines you are attempting to meet. You should also be aware that the Board may request clarification or additional information regarding your pending application.
- The Board will send you **One Notice of Deficiency** indicating any required materials that have not yet been received. The Board shall consider an application withdrawn if within 360 days from the application submission date the applicant fails to supply the missing information that is requested in the deficiency letter.
- **Applicants must submit in writing** any address changes, phone numbers and name changes within 10 days (a copy of your court documents are required for name changes such as marriage certificate or divorce decree is required).

THE STATUTES AND RULES

If you would like to obtain a copy of the State Massage Board's Laws and Rules, you may download them for **free** from the Board's website www.massageboard.az.gov.

Return completed application and information to the Board:

**AZ Board of Massage Therapy
1400 W Washington, Ste. 230
Phoenix, AZ 85007**

ALL APPLICATIONS BECOME PROPERTY OF THE STATE
NO information will be given to individuals other than the applicants.

If you have additional questions please refer to the Arizona state laws & rules
at www.massageboard.az.gov

All Fee's are NON-REFUNDABLE – Make sure you meet the requirements before you apply.

Allow at least 6 weeks for processing of your application

National Certification Board for Therapeutic Massage and Bodywork:

www.ncbtmb.com **info@ncbtmb.com** **1-800-296-0664**

***We ask that you take NESL to meet the requirements by the board please follow the instructions below.**

Instructions for Navigating NCBTMB Website

Home page **click** Applicants Corner

click on Candidates Handbooks

click again to open

Scroll down to page 33 for application

Refer to question #8 for information about

National Exam for State Licensing (**NESL**)

If you would like to hold certification by NCBTMB you can instead take the NCETM



State of
Arizona
Janet Napolitano
Governor

Arizona State Board of Massage Therapy

1400 W. Washington, Ste. 230 ♦ Phoenix, AZ 85007
Phone: 602-542-8604 ♦ Fax: 602-542-3093
Website: www.massageboard.az.gov
Dr. Craig Runbeck, Executive Director

APPLICATION

Check the way you are applying in the appropriate box: (See Instructions)

- ☐ Regular License Application
☐ Reciprocity License Application

Application & 2-year License Fee \$250.00 + \$29 for your fingerprint background check. The total amount due with your application = **\$279**
MONEY ORDERS or CASHIER CHECKS ONLY

ALL OF THIS APPLICATION MUST BE FILLED IN TYPE or PRINT LEGIBLY

Tape, glue or staple
Current Photograph Here.

1. Social Security Number: _____ - _____ - _____

2. Legal Name:

(First) (Middle) (Last)
3. List all other names previously or currently being used by you - this includes all married and maiden names:

4. Home address include all Apartment or Suite numbers: (This will be public record if no other address is supplied).
A physical address is required:

(Number) (Street) (City) (State) (Zip Code)

5. Mailing address if different from Home/Business:

(Number) (Street) (City) (State) (Zip Code)

6. Business address include all Suite numbers: (This will be public record if provided)

(Number) (Street) (City) (State) (Zip Code)

7. Phone numbers are (required): (H) _____ (Wk) _____

8. Additional phone numbers if any (Cell) _____ (Fax) _____

9. Date of Birth: ____/____/____ Place of Birth: _____, _____, _____
Month Day Year City County State

10. Are you a US Citizen or Legal Resident of the United States? ____ Yes ____ No

11. Are you authorized to work in the United States? ____ Yes ____ No

If you are not a US Citizen you must attach proof of legal authorization to work in the United States (ie. Green card).

12. Gender: ____ Male ____ Female

13. Residential addresses during the past 5 years: (include present address if different than address listed in #4). List in chronological order, beginning with most recent. Include apartment, suite or room numbers.

(a) _____ From _____ To _____
(Number) (Street) (City, State, Zip)

(b) _____ From _____ To _____
(Number) (Street) (City, State, Zip)

(c) _____ From _____ To _____
(Number) (Street) (City, State, Zip)

[Attach a separate sheet of paper as needed for additional residential addresses]

EDUCATION AND TRAINING (REQUIRED)

YOU MUST Attach or provide a copy of your High School diploma/transcript/GED or Ability to Benefit to your application: ALL sections MUST BE FILLED OUT.

14. Name and address of High School(s) attended: _____

City _____ State: _____ Date of graduation: _____

or Date GED earned _____ / _____ Jurisdiction/State where earned: _____
Month Year

Or submit proof you passed an Ability to Benefit examination recognized by the United States Department of Education: Date passed _____
Jurisdiction or State where earned: _____

[You may attach a separate sheet of paper for additional listing of schools you attended.]

15. Name and address of the approved massage school: _____

City _____ State _____ Zip _____
16. Number of classroom hours completed: _____ Date of graduation _____

17. Type of degree obtained, please check the one you received: Diploma _____ Associate _____
Other (please specify) _____

Course of study must be in an approved program of Massage Therapy or Bodywork Therapy. (See Rule R4-15-101.1) You must request an official transcript from that school/college. The transcript(s) must be sent directly to the Board from the school(s).

EXAMINATION:

If you are applying as a Regular or Reciprocity applicant and you are not exempt from taking the state board recognized exam, then complete #18.

18. Applicant's National Massage Therapy Certification Number issued by the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB) and date of Certification, **if applicable.**

Date Exam taken and Passed	Certificate Number

19. List all of the States in which you hold a license (If applicable) _____
A verification from each state must be sent to the Board.

A Copy of your exam results must be sent to the Massage Therapy Board directly from NCBTMB.

YOU MUST ANSWER ALL OF THESE QUESTIONS by checking the appropriate yes/no box.

You are required to submit a written explanation and attach copies of all supporting documents to this application if you answer yes to any of the following questions.

The fact that a conviction and/or criminal offense has been pardoned, expunged, dismissed or that your civil rights have been restored does not mean that you can answer “NO” to the following questions.

20. Have you, within 5 years preceding the date of this application, been convicted of a Felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Have you, within 5 years preceding the date of this application, been convicted of a misdemeanor involving prostitution, solicitation or other similar offense involving moral turpitude?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Pursuant to A.R.S. 32-3208 (A) as cited below; have you been charged with a felony or a misdemeanor involving conduct that may affect patient safety after receiving or renewing a health care license or certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Within five years before the date of this application have you been convicted of an act involving dishonesty, fraud, misrepresentation, gross negligence or incompetence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are you currently incarcerated or on community supervision after a period of incarceration in a local, state or federal penal institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Within five years before the date of this application have you had a massage therapy certification/license revoked or suspended by a national massage therapy certifying agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Within five years before the date of this application have you voluntarily surrendered a license under A.R.S. § 32-4254 or had a license to practice massage therapy or another similar license revoked by a political subdivision of this state or a regulatory agency in another jurisdiction that would be subject to discipline pursuant to this chapter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Are you currently under investigation, suspension or restriction by a political subdivision of this state or a regulatory board in another jurisdiction in the United States for an act that occurred in that jurisdiction that would be subject to discipline pursuant to this chapter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Have you ever had an application for a professional license refused or denied by a licensing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever been the subject of disciplinary action by a certifying/licensing agency with regard to any professional license or certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered **YES** to any of these questions you **must** obtain and attach copies of the court document(s) relating to the offense. The documentation **must** include: date of conviction; final disposition of all Court's having jurisdiction over the offense(s); provide proof of release from parole or probation if applicable. Provide a copy of the notice if expunged and notice of restoration of civil rights, if applicable.

Notice A.R.S. §32-3208. Criminal charges; mandatory reporting requirements; civil penalty

A. A health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory board in writing within ten working days after the charge is filed.

E. The regulatory board may deny the application of an applicant who does not comply with the notification requirements of this section.

YOU MUST COMPLETE AND SIGN THIS AFFIDAVIT IN THE PRESENCE
OF A NOTARY –

31. Affidavit of Applicant –

I, _____, certify that I am the person described and identified in this application;
(Print Your Name)

I have answered all of the questions truthfully and completely, and any documents that I have provided in support of my application are, to the best of my knowledge, accurate.

I authorize all institutions or organizations, including educational institutions and organizations, my references, employers (past and present), business and professional associations (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Board any information, files or records required by the Board in connection with processing this application.

I understand that furnishing false or misleading information or failing to furnish required information on this application may be cause for the denial, suspension or revocation of my license to practice Massage Therapy in the State of Arizona.

Signature of Applicant: _____ Date: _____

State: _____

County: _____

Subscribed and sworn to before me this _____ day of _____ 20 ____ by the affiant, who personally appeared before me.

My Commission expires: _____

NOTARY PUBLIC SIGNATURE

(OFFICIAL STAMP)

Person with disabilities may request reasonable accommodations by contacting the Arizona State Board of Massage Therapy (602) 542-8604. Request should be made as early as possible to allow time to arrange the accommodation.

